

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Scott Stern, et al		COURT CASE NUMBER	04CV30176 - WAF F.C.S.
DEFENDANT	Division of Health Care Finance and Policy et al		TYPE OF PROCESS	S/C/Motion
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	Division of Health Care Finance and Policy			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	Two Boylston Street Boston, Massachusetts 02116			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	3
<input type="checkbox"/> Scott Stern 400 WEST MAIN ST North Adams, MA. 01247			Number of parties to be served in this case	5
			Check for service on U.S.A.	RECEIVED U.S. MARSHAL SERVICE BOSTON, MA SEP 16 P 1:36

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Scott Stern

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(617) 664-7805

DATE

9/7/04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	Don W. Kelly	9/13/04

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

CORINE PESACH-ADMIN CO-ORDINATOR

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service Time 9/23/04 10:35 am

Signature of U.S. Marshal or Deputy

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
45.00			45.00			

REMARKS:

United States District Court
WESTERN DISTRICT OF MASSACHUSETTS
Scott Stern, et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER: 04CV30176-~~1111~~ FDS

v.

Massachusetts Division of
Health Care Finance and Policy et al

TO: (Name and address of defendant)

Division of Health Care Finance and Policy
Two Boylston Street
BOSTON, Massachusetts 02116

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Scott Stern
400 WEST MAIN ST
North Adams, MA. 01247

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

DATE

9/7/04

(BY) DEPUTY CLERK

John C. Timberbuel